

Case Number:	CM13-0031944		
Date Assigned:	12/04/2013	Date of Injury:	02/01/2008
Decision Date:	05/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old woman who sustained a work related injury on February 1, 2008. She subsequently developed chronic cervical, lumbar, and thoracic spine pain, as well as a shoulder sprain, weakness and knee pain. The patient was treated with the exception of the physical therapy and at least the 12 aquatic physical therapy sessions. According to a note dated on October 16, 2013, the patient was complaining of neck and low back pain. Her physical examination demonstrated tenderness in the cervical and lumbar spine with reduced range of motion, left shoulder pain with reduced range of motion, and right shoulder pain with reduced range of motion. The provider requested authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AQUATIC THERAPY 2-3X6 FOR THE CERVICAL/LUMBAR/BILATERAL WRISTS, SHOULDERS, KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to the MTUS Chronic Pain Guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007)." There no clear evidence in the medical records provided for review that the patient is obese or has difficulty performing land based physical therapy. There is no documentation of a need for the reduction of weight bearing to improve the patient's ability to perform a particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. The patient underwent several sessions of aquatic therapy; however there is no clear evidence that more aquatic therapy will be beneficial for the patient. There is no documentation for a clear benefit expected from mores sessions of Aquatic therapy. Therefore the request for aquatic therapy 2-3x6 for the cervical/lumbar/bilateral wrists, shoulders, knees is not medically necessary and appropriate.